

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DR. OPENHAM

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** **BUREAU OF VITAL STATISTICS**

1. PLACE OF DEATH
County MARICOPA State ARIZONA
Township _____ or Village _____
City MESA

Length of residence in city or town where death occurred... yrs. 9 mos. ____ ds. How long in U. S. if of foreign birth? ... yrs. ____ mos. ____ ds.

2. FULL NAME WAYNE BAYARD HANSEN
(a) Residence: No. MESA ARIZONA St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>MARRIED</u>		21. DATE OF DEATH (month, day, and year) <u>JULY 31, 1932</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>LERETTA MAE HANSEN</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>July 31, 1932</u> to <u>July 31, 1932</u> I last saw him on <u>July 31, 1932</u> ; death is said to have occurred on the date stated above, at <u>8 P. m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>MAR. 27, 1900</u>				The principal cause of death and related causes of importance were as follows: <u>Pulmonary Hemorrhage</u>	
7. AGE Years <u>32</u> Months <u>4</u> Days <u>4</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>WATER TENDER</u>			Other contributory causes of importance: <u>Said to have Pulmonary Tuberculosis following injuries sustained during service in World War</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. NAVY</u>				Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year) <u>1934</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
11. Total time (years) spent in this occupation <u>4</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
12. BIRTHPLACE (city or town) <u>FOSTORIA</u> (State or country) <u>IOWA</u>				Manner of injury _____	
13. NAME <u>FRED M. HANSEN</u>				Nature of injury _____	
14. BIRTHPLACE (city or town) _____ (State or country) <u>ILL.</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
15. MAIDEN NAME <u>HESPIA FERGUSON</u>				If so, specify _____	
16. BIRTHPLACE (city or town) <u>MO.</u> (State or country)				(Signed) <u>Dr. Openham</u> M. D. (Address) _____	
17. INFORMANT (WIFE) <u>LERETTA MAE HANSEN</u> (Address) <u>MESA ARIZONA</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>MESA ARIZONA</u> Date <u>8-2</u> , 19 <u>32</u>					
19. UNDERTAKER <u>MELDRUM MORTUARY</u> (Address) <u>MESA ARIZONA</u>					
20. Filed <u>Aug. 2, 1932</u> <u>J. S. Melndrum</u> Registrar					